

UnitedHealthcare Community Plan of Kentucky Medical Policy Update Bulletin: March 2022

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Take Note

Community Plan of Kentucky to Use National Medical Benefit Drug Policies

Effective Mar. 1, 2022, Community Plan of Kentucky will no longer maintain state-specific versions of the following Medical Benefit Drug Policies; coverage guidelines for the state of Kentucky will now be provided in the Community Plan National Medical Benefit Drug Policy versions:

- 17-Alpha-Hydroxyprogesterone Caproate (Makena® and 17P)
- Actemra® (Tocilizumab) Injection for Intravenous Infusion
- Adakveo® (Crizanlizumab-Tmca)
- Alpha₁-Proteinase Inhibitors
- Amondys 45™ (Casimersen)
- Antiemetics for Oncology
- Benlysta® (Belimumab)
- Brineura® (Cerliponase Alfa)
- Cimzia® (Certolizumab Pegol)
- Complement Inhibitors (Soliris® & Ultomiris®)
- Crysvisa® (Burosumab-Twza)
- Evenity® (Romosozumab-Aqqg)
- Evkeeza™ (Evinacumab-Dgnb)
- Exondys 51® (Eteplirsen)
- Gamifant® (Emapalumab-Lzsg)
- Givlaari® (Givosiran)
- Gonadotropin Releasing Hormone Analogs
- Hereditary Angioedema (HAE), Treatment and Prophylaxis
- Illaris® (Canakinumab)
- Ilumya™ (Tildrakizumab-Asmn)
- Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease
- Intravitreal Corticosteroid Implants
- Ketalar® (Ketamine) and Spravato® (Esketamine)
- Krystexxa® (Pegloticase)
- Lemtrada® (Alemtuzumab)
- Long-Acting Injectable Antiretroviral Agents for HIV
- Luxturna® (Voretigene Neparvovec-Rzyl)
- Maximum Dosage and Frequency
- Medical Therapies for Enzyme Deficiencies
- Nplate® (Romiplostim)
- Off-Label/Unproven Specialty Drug Treatment
- Onpattro® (Patisiran)
- Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors
- Oxlumo™ (Lumasiran)
- Parsabiv® (Etelcalcetide)
- Radicava® (Edaravone)
- Reblozyl® (Luspatercept-Aamt)
- Repository Corticotropin Injection (Acthar® Gel)
- Rituximab (Riabni™, Rituxan®, Ruxience®, & Truxima®)
- Ryplazim® (Plasminogen, Human-Tvmh)
- Saphnelo™ (Anifrolumab-Fnia)
- Scenesse® (Afamelanotide)
- Simponi Aria® (Golimumab) Injection for Intravenous Infusion
- Somatostatin Analogs
- Spinraza® (Nusinersen)
- Stelara® (Ustekinumab)
- Subcutaneous Implantable Naltrexone Pellets
- Synagis® (Palivizumab)
- Tepezza® (Teprotumumab-Trbw)
- Testosterone Replacement or Supplementation Therapy
- Trogarzo® (Ibalizumab-Uiyk)
- Tysabri® (Natalizumab)
- Uplizna® (Inebilizumab-Cdon)
- Viltipso® (Viltolarsen)
- Vyepiti™ (Eptinezumab)
- Vyondys 53™ (Golodirsen)
- White Blood Cell Colony Stimulating Factors
- Xiaflex® (Collagenase Clostridium Histolyticum)
- Zolgensma® (Onasemnogene Apeparvovec-Xioi)
- Zulresso™ (Brexanolone)

Medical Policy Updates

Policy Title	Status	Effective Date
Articular Cartilage Defect Repairs (for Kentucky Only)	Revised	Apr. 1, 2022
Electrical and Ultrasound Bone Growth Stimulators (for Kentucky Only)	Revised	Apr. 1, 2022
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Kentucky Only)	Revised	Apr. 1, 2022
Functional Endoscopic Sinus Surgery (FESS) (for Kentucky Only)	Revised	Apr. 1, 2022
Implanted Electrical Stimulator for Spinal Cord (for Kentucky Only)	Revised	Apr. 1, 2022
Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (for Kentucky Only)	Revised	Apr. 1, 2022
Surgery of the Elbow (for Kentucky Only)	Revised	Apr. 1, 2022
Surgery of the Hip (for Kentucky Only)	Revised	Apr. 1, 2022
Surgery of the Knee (for Kentucky Only)	Revised	Apr. 1, 2022
Surgery of the Shoulder (for Kentucky Only)	Revised	Apr. 1, 2022
Temporomandibular Joint Disorders (for Kentucky Only)	Revised	Apr. 1, 2022
Video Electroencephalographic (vEEG) Monitoring and Recording (for Kentucky Only)	Revised	Apr. 1, 2022
Whole Exome and Whole Genome Sequencing (for Kentucky Only)	Revised	Apr. 1, 2022

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Benlysta® (Belimumab)	Revised	Apr. 1, 2022
Complement Inhibitors (Soliris® & Ultomiris®)	Revised	Apr. 1, 2022
Injectable Atypical Antipsychotic Agents (for Kentucky Only)	Revised	Apr. 1, 2022
Intravenous Anti-Infective Agents (for Kentucky Only)	Revised	Apr. 1, 2022
Leqvio® (Inclisiran)	New	Apr. 1, 2022
Ryplazim® (Plasminogen, Human-Tvmh)	Revised	Apr. 1, 2022
Saphnelo™ (Anifrolumab-Fnia)	Revised	Apr. 1, 2022
Tezspire™ (Tezepelumab)	New	Apr. 1, 2022
Vyvgart™ (Efgartigimod Alfa-Fcab)	New	Apr. 1, 2022

Coverage Determination Guideline Updates

Policy Title	Status	Effective Date
Emergency Health Care Services and Urgent Care Center Services (for Kentucky Only)	Retired	Mar. 1, 2022
Panniculectomy and Body Contouring Procedures (for Kentucky Only)	Revised	Apr. 1, 2022

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Chemotherapy Observation or Inpatient Hospitalization (for Kentucky Only)	Updated	Mar. 1, 2022
Drug Testing (for Kentucky Only)	Retired	Mar. 1, 2022
Pediatric Outpatient Intensive Feeding Programs (for Kentucky Only)	Retired	Mar. 1, 2022

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Community Plan of Kentucky Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan of Kentucky Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Kentucky > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Kentucky Medical & Drug Policies and Coverage Determination Guidelines](#).